

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-31-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office/outpatient visit, group therapeutic procedure, ultrasound, elbow protector, arthrocentesis aspiration, unclassified drugs, injection dexamethasone, and syringe with needle E-stimulation from 4-16-03 through 11-24-03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 8-2-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

- CPT Code 97035 for dates of service 4-16-03 and 4-17-03 was billed by the requestor. Neither the requestor nor the respondents submitted and the carrier did not timely respond to the request for additional information. These dates of service will be reviewed in accordance with Rule 134.202 effective 8-1-03. Since the carrier did not provide a valid basis for the denial of this service, **reimbursement is recommended in the amount of \$44.00.**
- CPT Code 99213 for date of service 10-14-03 was billed by the requestor. Neither the requestor nor the respondents submitted EOB's for CPT Codes and the carrier did not timely respond to the request for additional information. These dates of service will be reviewed in accordance with Rule 134.202 effective 8-1-03. Since the carrier did not provide a valid basis for the denial of this service, **reimbursement is recommended in the amount of \$59.00.**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees:

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Findings and Decision and Order is hereby issued this 8<sup>th</sup> day of October 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

Enclosure: IRO decision

June 24, 2004

**Amended July 22, 2004**

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

Patient:

TWCC #:

MDR Tracking #:

IRO #:

M5-04-2387-01

5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

## CLINICAL HISTORY

\_\_\_ is a 45-year-old woman who sustained a repetitive motion injury to her left wrist while she was working on \_\_\_. She had numbness and tingling in the left hand along with pain radiating up and down the flexor aspect of the forearm. These symptoms were evaluated and she was referred to Dr. Fisher, a hand surgeon. Dr. Fisher evaluated her. She had median nerve conduction studies that were felt to be basically normal. He injected her carpal tunnel because he felt that clinically she had a carpal tunnel syndrome. She got relief from that injection which was done on February 7, 2002. The patient subsequently was felt to have a carpal tunnel syndrome and she underwent surgical release of the carpal tunnel by Dr. Fisher on June 24, 2002. The record indicates that she did not have any complication following surgery and she was apparently doing well until Dr. Fisher told her she could go back to work without any restrictions.

Apparently this occurred on \_\_\_ and she began having troubles again. She then changed doctors to a chiropractor, Dr. Burdin, on October 25, 2002.

The patient was continuing to have symptoms in her wrist. Repeat median nerve conduction studies were done and these were normal; however, the diagnosis remained recurrent carpal tunnel syndrome. The chiropractor treated her with physical therapy in his office and he also had her see an M.D. who had a physician's assistant that could inject her carpal tunnel. She had some carpal tunnel injections by Dr. Friedberg's physician's assistant.

A designated doctor saw her on January 7, 2004 and declared her to be at MMI with a 6% whole person impairment rating. During the course of treatment for the carpal tunnel she had other injuries, including a fall in October 2002 in which she injured her wrist again. She also had a knee injury and apparently had arthroscopic surgery on her knee.

In regard to this case, there is a dispute regarding the need for the services of the chiropractor, Dr. Burdin, and the physician's assistant of Dr. Friedberg who injected her carpal tunnel on several occasions. This period of time is from 04/16/03 through 11/24/03. It includes recurrent office visits to the chiropractor and some ultrasound and other physical therapy in his office. All of this was done some ten months after the carpal tunnel release had been done and was done after the patient was no longer seeing her surgeon, Dr. Fisher.

## DISPUTED SERVICES

Under dispute is the medical necessity of office/outpatient visit, group therapeutic procedure, ultrasound, elbow protector, arthrocentesis aspiration, unclassified drugs, injection dexamethasone, syringe with needle E-stimulation.

## DECISION

The reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

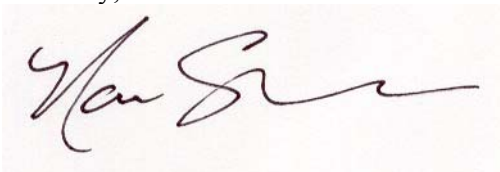
On review of the medical records, it does not appear that further treatment was necessary, and specifically it does not appear that these services were reasonable or necessary during the disputed period of time from 04/16/03 through 11/24/03.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

A handwritten signature in dark ink, appearing to read "Nan Cunningham", is written over a light-colored rectangular background.

Nan Cunningham  
President/CEO

CC: Ziroc Medical Director